

MCO Qualification Guidelines

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CHAPTER 1 INTRODUCTION

1.1 Program Overview

The State of New York operates a managed care program, The Partnership Plan, for its Title XIX population. The State has defined a number of important objectives for its managed care program. Specifically:

- Improve the overall quality of care furnished to Title XIX beneficiaries by enhancing their access to primary, preventive, and other medically necessary services, and by integrating their care with that received by the privately insured population.
- Reorient service delivery away from institutionally-based delivery systems and/or to promote the delivery of primary and preventive care.
- Foster the development of managed care systems willing and able to serve high cost, high need persons and reduce the potential of these persons systematically being denied the benefits of managed care over time.
- Contain costs over the long term at a level that can be supported by the State's tax base.

To further these goals the State submitted to the Health Care Financing Administration (HCFA), now the Center for Medicare and Medicaid Services (CMS) and received approval of an 1115(a) waiver to implement mandatory enrollment.

However, the waiver is being implemented in phases, and there are counties that will not participate because they have requested an exemption. Consequently, MCOs may have slightly different contracts for some of the counties in which the MCO proposes to serve. The voluntary and mandatory programs are essentially the same, with differences in policies related to marketing, enrollment and disenrollment. Applicants are cautioned to review carefully all participation standards and proposal submission requirements.

The State qualifies managed care organizations (MCOs) for participation in the Partnership Plan. In order to be qualified, an MCO must demonstrate its ability to comply with Operational and Financial guidelines. This document describes the process by which full risk MCOs may be qualified to participate in the Partnership Plan, including those MCOs that wish to begin their participation by serving the Dual Eligible population only.

Program Standards (Operational and Financial) are contained in the Medicaid Managed Care Model Contract. The Medicaid Model Contract is available at <http://www.health.state.ny.us/nysdoh/mancare/macntrct.pdf>.

1.2 MCO Qualification Process

This qualification process is open to all certified MCOs, [Health Maintenance Organizations (HMOs), and Prepaid Health Services Plans (PHSPs)], in the State. MCOs may apply to participate in any county in which they are certified to operate. In order to serve the Dual Eligibles, the plan must also be qualified to participate in the Medicare Advantage program.

The New York State Department of Health (SDOH) will accept MCO applications on a continuous basis. SDOH will evaluate the application based on the information contained in the application and on any additional information obtained through on-site visits and other requests. SDOH will notify the applicant in writing of any areas in which the applicant has not demonstrated compliance with standards. Applicants will be required to execute the Medicaid Managed Care Model contract.

Any eligible MCO that is interested in serving Medicaid beneficiaries that was not qualified in previous qualification cycles must successfully pass all evaluations. The qualification process consists of: a written application consisting of a General Technical Proposal, a Network Composition Proposal, through the Department's Health Provider Network (HPN), a Business Proposal, and an on-site Readiness Review evaluation. For MCOs wishing to participate in New York City, there is also a New York City addendum.

The written application and New York City addendum, if applicable, will be evaluated to determine if the MCO has demonstrated the ability to provide services to Medicaid recipients in accordance with the guidelines identified in the Model Contract. Premiums will be developed based on the MCO's specific assumptions about cost and utilization and will include an analysis of each MCO's own prior experience (when available) and the experience of other MCOs. In all cases, premiums must be approved by CMS and be adjudged by SDOH to be cost effective.

MCOs that were qualified to operate in upstate counties during one of the earlier qualification cycles, but did not qualify to operate in NYC must submit a Network Composition Proposal, and Business Proposal and a New York City Addendum to operate in New York City.

1.3 Program Administration

The Single State Medicaid Agency for New York is the State Department of Health (SDOH). Many of the functions of the Medicaid program in New York are carried-out on SDOH's behalf by local Departments of Social Services (LDSS) in each borough/county of the State. The LDSS in New York City is the Human Resources Administration (HRA) and the New York City Department of Health and Mental Hygiene, Division of Health Care Access and Improvement (NYC DOHMH-HCAI). The term LDSS as used in this document includes HRA and CDOH-HCA.

The SDOH Office of Managed Care (OMC), in collaboration with its LDSS partners, is responsible for day-to-day oversight of the Medicaid managed care program. The Bureau of Managed Care Certification and Surveillance will serve as the primary point of contact for MCOs with respect to this qualification process.

CHAPTER 2: MCO PARTICIPATION STANDARDS

2.1 General

This chapter describes the requirements that the MCO must comply with in full.

2.2 Eligible Organizations

Participation in this qualification process is limited to organizations that are certified as HMOs, or PHSPs by the New York State Department of Health under Article 44 of the State Public Health Law, NYPHL Section 4400 et seq.

In order to serve the Dual Eligible population, Eligible Organizations must also be qualified to participate in the Medicare Advantage program.

2.3 Contracting Requirements

MCOs must agree to comply with the operational and financial standards contained in the Medicaid Managed Care Model Contract. The Model Contract can be found at <http://www.health.state.ny.us/nysdoh/mancare/macntrct.pdf>. Successful applicants will be required to execute the Medicaid Managed Care Model Contract in order to participate in the program.

The State, with the input of local social services districts and health plans, amends the Model contract from time to time. The applicant will be required to execute the Model contract in effect at the time of the contract award. It is the applicant's responsibility to ensure that they have the most recent version of the Model Contract and any amendments to the Contract.

CHAPTER 3: PROPOSAL SUBMISSION INSTRUCTIONS

3.1.1 General

The proposal consists of three or four parts, the General Technical Proposal, the Network Proposal, the Business Proposal and, if applicable, the NYC Addendum.

Applicants must submit to the address in 3.1.2 an original, four (4) bound copies, and one unbound copy of all the sections of the General Technical Proposal, and any applicable attachments that must be submitted in hard copy, including one copy of the NYC Addendum if the applicant wants to be qualified to operate in NYC. The original proposal should be identified as such on the cover. All signatures in the original must be made in ink. The General Technical Proposals should be boxed together and the contents

of the box (es) identified on the outside (i.e., labeled MCO Name - General Technical Proposals on the front and the binding).

MCOs applying to serve Medicaid enrollees in NYC should submit four bound copies of the General Technical Proposal and four bound copies of Part A of the NYC Addendum and any other required forms to the NYC Department of Mental Hygiene (DOHMH), Division of Health Care Access and Improvement. Specifics regarding the submission are included in the NYC Addendum. Additionally, MCOs applying to serve NYC should include the ADA Compliance Plan in their NYC Addendum submission.

Some participation standards are not applicable to the Dual Eligible population. MCOs that wish to begin their participating by serving the Dual Eligible population only should contact the Department for clarification.

The Business Proposal is submitted separately. Instructions for submission of the Business Proposal are included in the Operating Plan and Premium Proposal, which is available from the Bureau of Managed Care Financing.

3.1.2 Contact and Mailing Address

The Office's qualification contact person and address are as follows:

**Vallencia Lloyd
New York State Department of Health
Office of Managed Care
Empire State Plaza
Corning Tower Building---Room #1911
Albany, New York 12237**

**518/473-4842 (telephone)
518/473-3583 (fax)**

3.1.3 Delivery of Proposals

MCO proposals submitted in response to this Document will be accepted at any time at the address shown in Section 3.1.2.

3.1.4 Cost of Preparing Proposals

Applicants are solely responsible for the costs incurred in the preparation and submission of their proposals.

3.1.5 Technical Assistance

Staff from the Office of Managed Care are available to provide technical assistance to interested MCOs as needed. The main numbers for each Bureau within the Office of Managed Care are:

Bureau	Topic
Bureau of Managed Care Certification and Surveillance (BMCCS) (518) 474-5515 or 473-4842	MCO Operational Requirements General Technical Proposal Provider Network Composition Provider/Management Services contract requirements Complaint Process Onsite Readiness Review Fair Hearing Process
Bureau of Quality Management and Outcomes Research (BQMOR) (518) 486-9012 or 486-6074	Network Submissions Quality Assurance Reporting Requirements Encounter Data
Bureau of Managed Care Financing (BMCF) (518) 474-5050	Business Proposal submission Financial Reporting requirements MMIS Systems issues
Bureau of Managed Care Program Planning (BPP) (518) 473-0122	Special Populations Public Health Welfare Reform ADA Compliance FQHC's
Bureau of Intergovernmental Affairs (BIGA) (518) 486-9015	LDSS issues Enrollment Broker Services Enrollment/disenrollment policies Member Handbook Guidelines Marketing Guidelines Model Contract

3.1.6 Disposition of Proposals

All material submitted by applicants becomes the property of the State of New York, which may dispose of it as it sees fit. The State shall have the right to use all concepts described in proposals, whether or not such proposals are accepted or rejected.

3.1.7 Request for Trade Secret Status

The New York State Department of Health is required to provide public access to certain

documents it maintains. However, the Freedom of Information Law (FOIL), under Public Officers Law 87.2(d), allows exception for trade secret information which, if disclosed, could cause substantial injury to the competitive position of the applicant's enterprise.

Should the applicant believe certain portions of their response qualify for trade secret status, it must submit, in writing, explicit justification and cite the specific portions for which an exemption is being requested (please note that entire documents may not be exempted). The written request must accompany the proposal submission and should be included in a separate envelope placed in the General Technical Proposal box. Applicants requesting an exemption will be notified in writing of the Department's determination of their request.

3.2 Proposal Components

MCO proposals must consist of the following three or four Parts:

- **Part One: General Technical Proposal**

Section One:	Transmittal Letter
Section Two:	Participation Standards
Section Three:	ADA Compliance
Section Four:	Proposal Submission Forms

- **Part Two: Network Proposal**

Section One:	Health Provider Network (HPN) Submission
Section Two:	HPN Attestation Form
Section Three:	FQHCs
Section Four:	Provider Agreements

- **Part Three: Business Proposal**

- **Part Four: New York City Proposal Addendum**

MCOs must submit a New York City Proposal Addendum, if they are proposing to serve any borough in the City.

Part A:	Response to New York City specific questions.
Part B:	Completed Vendex questionnaires, Division of Labor Services Report, Model participating provider agreements, management service contracts, and marketing subcontracts. .
Appendices	NYC OAPD ADA Accessibility Checklist

3.2.1 General Technical Proposal

The required content for each General Technical section is described below.

3.2.1.1. Part One - Section One - Transmittal Letter

The Transmittal Letter must be signed by the Chief Executive Officer (CEO) or the Chief Operating Officer (COO) or an individual who has been delegated the authority to sign for the CEO or the COO and who is authorized to make commitments on the organization's behalf. The Transmittal Letter must contain ALL of the following:

- A statement attesting to the accuracy and truthfulness of all information contained in the proposal, including, but not limited to the applicant's network composition information.
- A statement that the applicant has read, understands, and is able and willing to comply with all standards and participation requirements contained in the Medicaid Managed Care Model contract and/or the Medicaid Advantage Model Contract.
- A statement that the applicant intends to serve all aid categories eligible for inclusion in managed care on either a mandatory or voluntary basis or, if only applying to participate in the Medicaid Advantage program for the Dually Eligible population, an affirmative statement that the applicant will explore the feasibility of serving additional aid categories at a future date.
- A statement that the applicant has reviewed the New York City Addendum, if applicable, and understands, and agrees to conform its operations to meet these standards.
- A statement indicating whether the applicant has chosen to be capitated for family planning and/or dental services.

3.2.1.2 Part One - Section Two: Compliance with Participation Standards

In this chapter, applicants must document how they intend to comply with program participation standards by responding to all of the questions listed below. Responses to questions must be preceded by a repetition of the question and must be in the same sequence as used in this Document. Each section of questions should be separately tabbed for easy identification and all pages should be numbered.

Any attachment(s) submitted in response to a question must be marked clearly with the question number to which it refers. Applicants are cautioned to submit only those materials that directly relate to the questions posed. Responses to questions should only be as long as necessary to demonstrate the applicant's ability to meet participation standards.

In general, it is anticipated that an applicant's answer to a question with respect to its

operations will apply to all boroughs/counties that the applicant is proposing to serve. Where this is not the case, the applicant should clearly state how its status or operations vary between boroughs/counties.

Where applicable, reference cites from the MCO Model Contract and Operation Protocol are provided following the questions. Both documents are available on the New York State Department of Health website @www.health.state.ny.us.

Service Area

1. Identify all of the New York City boroughs and other counties which the applicant is proposing to serve. (*MCO Contract 4 & Appendix M*)

Experience

2. Provide information regarding any instance in which the applicant has had a contract terminated or not renewed for nonperformance or poor performance within the past five years. (*MCO Contract 18.10*)
3. Provide information regarding any instance in which a federal or state agency has ever made a finding of non-compliance against the applicant regarding any civil rights requirements. (*MCO Contract 18.10*)
4. Provide information regarding any instance in which the applicant has ever been suspended, excluded by any state or federal government program for any reason. (*MCO Contract 18.10*)
5. If applying for participation in the Medicaid Advantage program for dual eligibles, provide information detailing results of applicant's most recent CMS survey results.

Organization and Operating Staff

6. Provide an organizational chart that identifies the major operational components of the applicant's organization.
7. Identify by title, job description and location, any new staff positions to be added after the MCO obtains approval to serve Medicaid. If no additional staff is contemplated, include an analysis of the ability of existing offices and staff to provide adequate service to Medicaid enrollees. The analysis must address the member services staffing ratio and the increased workload. (*Operational Protocol Chapter 12*)
8. Provide an implementation plan outlining the major steps being taken by the applicant to prepare its organization for participation in this program. Include a timetable showing when each step is expected to be completed. The implementation plan should not exceed five pages in length.

Member Enrollment

9. Describe the applicant's new member orientation program and submit all draft materials, including the welcome packet. By what methods will new members be contacted? What specific information will they be given through this contact? What will the applicant do if its initial attempts to contact a member fail? How will the applicant ensure that member handbooks are provided to new members within the required timeframes? (*Operational Protocol Chapter 12, MCO Contract 13, MCO Contract Appendix H*)
10. Describe the process and timeline whereby new enrollees will be encouraged to choose a PCP. (*MCO Contract 21.6*)
11. Describe the process and timeline whereby new enrollees will be assigned to a PCP if they do not select one. Identify the factors the applicant will consider when making such assignments. (*Operational Protocol Chapter 12, MCO Contract 21.6*)
12. Describe the applicant's process for notifying PCPs about new patients. How will the MCO transmit information the MCO has available with regard to special needs of the member? (*MCO Contract 10.20, 10.21, 10.22, 10.23, 13.5 b, 21.6, 21.7, 21.8*)
13. Describe the MCO's policy with respect to a member's ability to change PCP's. Describe specifically how enrollees will be made aware they are allowed to change a PCP. How quickly will change requests be processed and made effective? How will the member be made aware of the effective date of the change? (*Operational Protocol Chapter 12, MCO Contract 21.7*)
14. Describe the applicant's process for ensuring that identification cards are distributed to new members within the required timeframes. Provide a sample of the identification card the applicant intends to distribute to MCO members (a photocopied sample is satisfactory). How, if at all, will the cards differ from those used by other MCO members, if the applicant serves non-Medicaid populations? Describe the type of confirmation or service authorization procedure the applicant will use (i.e., welcome letter, temporary MCO ID card, etc.) to enable new enrollees to access MCO providers prior to the issuance of permanent ID cards. (*Operational Protocol Chapter 12, MCO Contract 13.2*)

Status Changes

15. Describe the applicant's process for identifying and notifying the LDSS within 5 days of changes it becomes aware of that have the potential for affecting eligibility status among its members. (*MCO Contract Appendix H*)

Member Disenrollment

16. Describe how members will be informed of their ability to disenroll from the MCO. (*Operational Protocol Chapter 23*), *MCO Contract 8.1, 13.3 Appendix E & H*)

17. Describe MCO's staff policies and procedures regarding disenrollment. The response should also include, but not be limited to, methods used to inform Primary Care Providers and/or other providers of a member's voluntary or involuntary disenrollment. (*MCO Contract Section 8*)
18. What system does the applicant have in place to analyze disenrollment for use in the Quality Assurance Program? (MCO Contract Appendix H, sections E & F)

Covered Services (Prepaid)

19. Describe the steps the applicant will take to encourage new members to make an initial visit to their PCP. Discuss the applicant's strategy for communicating with the "hard to reach" members, (e.g., those with no phone and those auto-assigned to the plan). How will the applicant monitor its success in encouraging members to visit their PCP? Will the applicant undertake any follow-up if a member does not make a visit within a pre-established period of time? (*Operational Protocol Chapter 12, MCO Contract 13.5 and 13.8*)
20. Describe and include copies of any formal health assessment screens the applicant uses to identify special health care needs among new members. (*Operational Protocol Chapter 12, MCO Contract 13.5*)
21. Describe the specific steps the applicant will follow to comply with C/THP requirements. Describe any special outreach or education programs the applicant will initiate with respect to C/THP and monitoring that care is provided in accordance with C/THP guidelines. (*Operational Protocol Chapter 6, MCO Contract 10.5*)
22. Describe how the applicant will identify pregnant women and ensure that prenatal care begins at the earliest possible date. Describe any special outreach or education programs the applicant will initiate to ensure compliance with prenatal visit schedules. Discuss linkages with other applicable programs and required notifications and reporting. (*MCO Contract 10.12, 10.26, 15.1*)
23. Describe the methods applicant will use to identify high risk pregnancies and the manner in which care will be coordinated by the MCO for such pregnancies. (*MCO Contract 13.5 b, Appendix E*)
24. Describe how the applicant will identify the needs of, and case manage delivery of services to, members with complex or chronic medical conditions. Discuss adults and children separately. Include a description of the disease specific case management activities that for applicant will conduct for this population. (*Operational Protocol Chapter 4, especially 4-10, MCO Contract 10.20, 10.21, 10.22, 10.23, 10.24, 10.29, 13.5, & Appendix J*)

25. Describe how the applicant will identify individuals with mental health service needs and encourage these persons to begin treatment. What training and/or assessment tools will the applicant provide to its PCPs to assist them in identifying individuals requiring such services? (*Operational Protocol Chapter 5-3, Chapter 9, MCO Contract 10.16, 10.22 b, 13.5 b, 21.17, Appendix J*)
26. Describe how the applicant will identify individuals with chemical dependence treatment needs and encourage these persons to begin treatment. What training and/or assessment tools will the applicant provide to its PCPs to assist them in identifying individuals requiring such services? (*Operational Protocol Chapter 5-3, Chapter 9, MCO Contract 10.16, 10.24, 13.5 b, Appendix J*)
27. Describe the manner in which the applicant will make available the following enhanced services: general health education classes; pneumonia/influenza immunizations for at risk populations; smoking cessation classes; childbirth education classes; parenting classes; extended care coordination for pregnant women; and nutrition counseling. Describe any special outreach or education programs the applicant will initiate with respect to enhanced services. (*MCO Contract 10 & Appendix K*)
28. Describe how the applicant will use patient specific pharmacy claims data supplied by the state for use in case management.
29. Describe how the applicant will coordinate service delivery between network providers delivering prepaid services and other providers delivering wraparound services. (*Operational Protocol Chapter 4, MCO Contract Appendix K*)

Primary Care Providers

30. How will compliance with minimum number of office hours per week per site be monitored? Will the applicant request a waiver of the minimum office hours standard? If yes, then provide the necessary documentation. (*MCO Contract 21.11*)
31. What is the maximum number of MCO Medicaid enrollees that the applicant will allow its PCPs or PCP teams to serve (on an FTE basis)? How does the MCO capture and monitor the PCPs panel capacity? What short term and long term actions will be taken when capacity problems are identified? (*Operational Protocol Chapter 16 & 26, MCO Contract 21.1, 21.10*)
32. Describe any Physician Incentive Plans, (PIP). If the MCO does not operate a PIP, then it must attest to that fact. If the PIP arrangements are at substantial financial risk, then the MCO must comply with federal requirements. An arrangement is at substantial financial risk when the incentive arrangements place the physician or physician group at risk for services beyond those provided directly by the physician or physician group for amounts beyond the risk threshold of 25 percent of potential payments for covered services. Is there substantial financial risk? Describe stop-loss

protection? (*Operational Protocol Chapter 19, MCO Contract 3.10, 3.11, 18.12, 22.12*)

33. What, if any, network changes does the applicant anticipate having to undertake to accommodate the enrollment of SSI beneficiaries? What type of analysis will the applicant conduct to determine its needs? (*Operational Protocol Chapter 26, MCO Contract 15.7, 15.8, Appendix J & K*)

Sub-Contracted Providers

34. Identify any new healthcare provider and/or management contracts the MCO proposes to implement in relation to the Medicaid program? Do the contracts obligate the provider to serve the Medicaid population? Are the existing providers' agreements compliant with the specific requirements for Medicaid providers? (*MCO Contract 2.6, 22*)

Service Accessibility

35. How will the MCO provide medical coverage to members after hours and weekends? What is the availability of the MCO outside of regular business hours? (*Operational Protocol Chapter 4, MCO Contract 10.14, 15.2, Appendix G*)
36. How will the applicant monitor the availability of primary care providers after hours and weekends? (*Operational Protocol Chapters 4 & 20, MCO Contract 15.2*)
37. What specific mechanisms does the applicant intend to employ to discourage use of hospital emergency rooms in non-emergent/urgent situations? (*Operational Protocol Chapter 12*)
38. How will the applicant educate and monitor provider compliance with the appointment availability standards delineated in the MCO Contract Section 15.1? (*Operational Protocol Chapter 15, Chapter 20, MCO Contract 16, & 18*)
39. What is the applicant's standard for waiting times in provider offices and in health centers/clinics (if different)? How will the applicant monitor provider compliance with this standard? (*MCO Contract 15.3*)
40. Describe the actions taken by the MCO to ensure that the required standard for travel time to a PCP and a network hospital are met? How will the applicant monitor, on an ongoing basis, its ability to offer members network providers whose distance to the member residence falls within its standards? (*MCO Contract 15.4, 21.14*)
41. How will the applicant inform members about their freedom to self-refer for OB/Gyn, mental health, chemical dependence, diagnosis and treatment of Tuberculosis, dental, vision, HIV testing at anonymous sites, and family planning services (beyond stating such rights in the member handbook)? What steps will the applicant take to coordinate service delivery between PCPs and providers in these self-referral option

categories? (*Operational Protocol Chapter 4 & &, MCO Contract 10.11, 10.13, 10.16 & Appendix C & K*)

42. Describe how the applicant will inform enrollees about their right to obtain family planning and reproductive health services from any qualified Medicaid provider; regardless of whether the provider is a participating provider or nonparticipating provider. If the applicant does not plan to include family planning and reproductive health services in the benefit package, describe how the applicant will inform enrollees that family planning and reproductive health services are not covered by applicant and such services may be obtained through fee-for-service Medicaid from any provider who accepts Medicaid. (*MCO Contract 10.11 & Appendix C*)

Member Services

43. Describe the additional actions required by the MCO to accommodate the member services requirements specific to the Medicaid program. (*MCO Contract Section 12*)
44. How will the applicant assess the ongoing language needs of its members? How will the applicant ensure access to translations of written materials when the threshold for any particular language group is surpassed? How will the applicant ensure access to interpreters? (*MCO Contract 12.2*)
45. Describe the applicant's toll-free twenty-four (24) hour telephone line. Who will staff this line? Describe procedures for responding to calls from enrollees who don't have a telephone. (*MCO Contract 12.1 13.5(e) & 15.2*)

Quality Assurance and Utilization Management

46. For newly certified plans that have not previously operated in NYS at the time of application and/or have not submitted QARR data to the SDOH, include HEDIS results from other states. (Certified plans that are not currently participating in the Medicaid managed care program will be evaluated based on commercial QARR.)
47. Describe the applicant's QAP objectives and its approach to achieving these objectives for the Medicaid population. (*Operational Protocol Chapter 20, Appendix 20.1, MCO Contract Section 16*)
48. Has the applicant adopted the New York Prenatal Care Standards for MCOs? If not, what standards does the applicant use? (*Operational Protocol Chapter 20 & Appendix 20.3, MCO Contract 10.12, 16, 18.15*)
49. Describe the applicant's policies and procedures for protecting the confidentiality of member information. (*MCO Contract 20*)

HIV/AIDS

50. Describe the applicant's clinical protocols for the early identification and treatment of enrollees with HIV infection. Provide information on the process and periodicity schedule for updating these protocols, to ensure that new treatment modalities are incorporated on a timely basis. Finally, discuss the applicant's methods for ensuring that providers are aware of and follow accepted treatment guidelines. (*Operational Protocol Chapter 3 & 20, MCO Contract 10.23*)
51. Describe the applicant's case management program for enrollees with HIV infection. Identify any special initiatives directed at children, adolescents, pregnant women, and intravenous or injection drug users. Include description of assessment and referral protocols. (*MCO Contract 10.23*)
52. Describe the applicant's HIV outreach and prevention educational efforts and programs for all plan enrollees as well as enrollees with HIV infection. Discuss the applicant's experience in identifying and bringing into treatment hard-to-serve persons. (*Operational Protocol Chapter 3 & 11, MCO Contract 10.23*)
53. Provide specific information on the expertise and experience of network providers in treating children, adolescents, and adults who are HIV+ or have AIDS. Descriptions should include an inventory of the applicant's HIV/AIDS network providers (e.g., physicians by specialty, designated AIDS Centers, nurse practitioners etc.), their specific experience with HIV/AIDS patients in general and for individuals with dual diagnoses (mental health and/or alcohol and chemical dependence) in particular, and their linkages with Ryan White CARE Act-funded and other supportive services providers in the community. Also, describe any special training these providers have received from the applicant or as a condition for being credentialed to treat HIV/AIDS patients. (*MCO Contract 10.23*)
54. Describe the applicant's referral process for enrollees who identify themselves as HIV+ for selection of a PCP with expertise in treating HIV/AIDS. If enrollees with HIV infection are assigned to non-HIV specialist PCPs, describe how the applicant will promote consultation with HIV specialists. (*MCO Contract 10.23*)
55. Describe the applicant's policies and procedures for ensuring appropriate confidentiality of the HIV status of its enrollees. (*MCO Contract Section 20 and Article 27f*)

MCO Marketing

56. Describe the methods by which the applicant intends to market itself to potential enrollees and reach marketing goals. Discuss both direct and indirect (mass media) marketing activities. Also describe how the applicant will monitor the activities of its marketing staff. (*Operational Protocol Chapter 10, MCO Contract Section 11, Appendix D*)

Operational Data Reporting

57. Describe the applicant's plan for collecting and reporting operational data pursuant to program reporting requirements, as currently defined. (*Operational Protocol Chapter 19, 20, 22,23, MCO Contract Section 18*)
58. How will the applicant verify the accuracy of data reported by its providers? Discuss any data validation activities the applicant performs, including medical records audits. (*Operational Protocol Chapter 22*)

Complaint Resolution

59. Describe how the MCO will capture and categorize complaints using the definition specific for the Medicaid program. Outline the avenues available to a member to initiate a complaint. (*Operational Protocol Chapter 23, MCO Contract Section 14, Appendix F*)

Fair Hearing

60. Discuss the process and the procedures that the applicant will implement to ensure that Medicaid members are afforded the opportunity to request a fair hearing. Describe the MCO's role in the notification and hearing process. Describe the elements required for the notice and include the time frame for notification to the member. (*Operational Protocol Chapter 23, MCO Contract Section 14, 25, 26, Appendix F*)

3.2.1.3 Part One - Section Three: ADA Compliance Plan

Applicants must submit an ADA Compliance Plan, describing in detail how the MCO will make its programs and services accessible to and usable by enrollees with disabilities. The State has developed guidelines for ADA and Section 504 of the Rehabilitation Act of 1973 compliance, and these guidelines are attached as Appendix 4.11. It is recommended that MCOs review and use these guidelines in the preparation of their ADA Compliance Plan. Additional materials are available from the Bureau of Managed Care Program Planning to assist MCOs in determining their level of compliance with ADA requirements, in identifying services/sites which are not accessible and in identifying reasonable alternative methods for making those services/sites accessible. The New York State Department of Health Guidelines for compliance with the Federal Americans with Disabilities Act are contained in Appendix J of the Model Contract.

3.2.1.4 Part One - Section Four: Proposal Submission Forms

This section should contain the following completed technical proposal forms:

- Attestation Form (Appendix 1)

- Disclosure Form (Appendix 2)

3.2.2 Part Two - Network Proposal

Applicants must submit a network proposal via the (HPN) for each county the MCO is proposing to serve, as well as New York City if they are proposing to serve any of the five boroughs.

The network proposal will include;

- Section 1: HPN Network Submission
- Section 2: HPN Attestation Form (available online at the HPN homepage)
- Section 3: FQHCs where applicable.
- Section 4: Healthcare Provider Agreements

3.2.2.1 Detailed Provider Data

Section 1: Networks MCOs must have a comprehensive network that includes sufficient provider types to deliver the services identified in the Benefit Package of the MCO Model Contract to its target population and meet accessibility standards. A comprehensive provider network includes but is not limited to: primary care, specialty care, hospitals, home health care agencies, physical therapy providers, occupational therapy providers, speech therapy providers, optometry, mental health and chemical dependence providers, allied health professionals, ancillary providers, DME providers, etc. A list of all the required core provider types is available on the HPN. (*MCO Contract Sections 10, 15 and 21*)

Networks must be submitted via the HPN for each county for which the MCO proposes to serve Medicaid. For information about the HPN, you may call the Bureau of Quality Managed and Outcomes Research (BQMOR) at (518) 486-9012.

Section 2: - HPN Attestation Form.

Attestation forms from MCOs must be submitted with the initial submission, then again with the annual submission. A notarized affidavit which attests that the providers in the network have executed contracts approved by SDOH to serve Medicaid members must accompany the submission. The attestation is available online at the HPN Home Page

Section 3: FQHCs

MCOs must demonstrate how the MCO satisfies the federal requirements regarding contracting with FQHCs. In this section, MCOs will document all the FQHCs with which they contract, and/or provide data to support a request for an exemption for

contracting with FQHCs in the MCO's service area. See Chapter 18 of the Operational Protocol and Contract Section 21.20 for additional detail regarding the federal policy.

Section 4: Provider Agreements

- If new or amended provider agreements or management contracts are proposed in relation to the Medicaid program, they must be submitted to SDOH for review and approval.
- If new provider contracts are proposed, they must be submitted to SDOH for review and approval.
- Provider agreements must be in accordance with the Department's Provider Contracting Guidelines for Medicaid managed care. These guidelines can be found at http://www.health.state.ny.us/nysdoh/manicare/hmoipa/hmo_ipa.htm. Provider contracts which transfer financial risk to providers may also be subject to review by the NYS Insurance Department under state regulation.
- For MCOs that intend to operate in New York City, the NYC Department of Health and Mental Hygiene will require additional language to incorporate pertinent provisions of the Model Contract.

3.2.3 Part Three - Business Proposal Requirements

All MCOs proposing to enroll and serve beneficiaries under this program must submit a business proposal, which includes an Operating Plan and Premium Proposal. The MCO should request the current version of the Business Proposal and Instructions from the Bureau of Managed Care Financing.

The Business Proposal will contain the following:

- Enrollment projections by county and region
- Reinsurance election
- Rate Proposals for each region in which the plan proposes to operate, using the premium groups and methodology outlined in the Operating Plan
- Revenue and Expense and Balance sheet projections demonstrating compliance with NYS reserve requirements.

3.2.4 Part Four - New York City Addendum

MCOs must submit a New York City Addendum if they are proposing to serve any borough in the City. The Addendum should be arranged as follows:

Part A: Response to New York City-specific questions.

- Part B:** Completed Vendex questionnaires;
Division of Labor Services Report;
Model provider agreements, management service contracts and
marketing subcontracts.
- Appendices** NYC ADA Accessibility Checklist (Appendices 3.1 and 3.2)

3.3 Proposal Evaluation

3.3.1 General

The State conducts a comprehensive and impartial evaluation of all proposals. The State and its New York City/county partners will be the sole judges in reviewing proposals and awarding contracts.

General technical proposals, the NYC Addendum (if applicable), Network Proposals and Business Proposals will be evaluated separately. MCOs must complete all evaluations successfully to be considered for contract award.

The evaluation process will occur in three steps.

- Evaluation of General Technical, Network, and Business Proposals
- Evaluation of NYC Addendum, if applicable
- On-site Readiness Review

3.3.2 General Technical Evaluation

The State will evaluate the General Technical proposal based on responses to the questions contained in this Document. Throughout this evaluation process, the State reserves the right to seek additional clarifying information from the applicant as it deems necessary.

3.3.3 Network Composition Evaluation

Networks will be evaluated using data from the HPN submission. Networks will be evaluated for compliance with program standards, comprehensiveness, and accessibility.

3.3.4 Business Proposal

The proposed capitation rates will be reviewed to ensure they are reasonable and conform to all applicable state and federal laws.

MCO revenue and expense projections and actual and projected balance sheets will be reviewed to ensure that the MCO has adequate capital to meet any start-up deficits, provisions for adverse selection and can meet state required reserve and escrow deposit requirements, based on the MCO's projected enrollment for the upcoming year. Business

Plan approval will be granted based on agreement to MCO rates and a specific enrollment maximum that is supported by the MCO's escrow deposit and capital.

3.3.5 On-site Readiness Reviews

The State intends to conduct on-site reviews of qualified MCOs prior to execution of contracts. The purpose of these reviews will be to verify that MCOs are able to comply with all participation standards and are prepared to begin enrollment. The reviews also will be used to verify the accuracy of MCO network information, as submitted in the proposals.

3.3.6 Notification of Evaluation Results

The State will notify the applicant of the outcome of the evaluation in writing. The State reserves the right to qualify an applicant in only a portion of the boroughs/counties for which they have submitted a proposal and to specify special terms and conditions that the applicant must accept prior to entering into a contract. The State will provide New York City and the applicable county (ies) with notice of the results of the evaluation.

MCO Name:_____

I, on behalf of the above named MCO, hereby certify that _____(MCO)_____ shall:

- comply with the terms and conditions as described in the MCO Qualification Guidelines and all applicable State and Federal laws and regulations relating to Medicaid, Medicaid managed care and confidentiality.
- comply with all Federal and State laws prohibiting discrimination and shall not discriminate on the basis of race, sex, color, national origin, or handicap, nor discriminate on the basis of age except as the law allows.
- comply with these acts, 1964 Civil Rights Act, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, as amended, Executive Orders 11246 and 11375, the Age Discrimination Act of 1975 and the American with Disabilities Act of 1990 (Public Law 101-326), all amendments to and all requirements imposed by the regulations issued pursuant to this act.
- comply with Anti-Lobbying Law, Section 1935, Title 31 of the U.S. Code, implemented at 45 CFR Part 93, Section 93.105 and 93.110, for persons entering into a grant or cooperative agreement over \$100,000.00.
- comply with providing or continuing to provide a drug-free workplace in accordance with the Drug-Free Workplace Act of 1988 and implemented at 45 CFR Part 76, Subpart F for grantees, as defined at 45 CFR Part 76, Section 76.605 and 76.610.
- meet all requirements found at 45 CFR 76, for prospective participants in primary covered transactions, as defined at 45 CFR 76, Section 76.105, 76.110, Debarment, Suspension and other Responsibility Matters.
- maintain adequate records to disclose fully the extent of services provided to individuals under the New York State Medicaid Managed Care Program and to furnish information regarding any fee-for-service payments claimed for providing services under the State Title XIX Plan. Authorized personnel of the U.S. Department of Health and Human Services and the State of New York shall have the right to access any books, documents, papers or other records of the MCO which are pertinent to the performance or payment of this contract in order to audit, examine, make excerpts, and/or transcripts. The MCO shall maintain records in accordance with the guidelines found in the MCO Qualification Document.

I understand that the network available under the contract must be the same network submitted via the HPN for the _____ quarter 200____, submitted on _____- .

I further understand that the State may withhold enrollment of program members into the above named MCO if the MCO is unable to satisfy each of these requirements.

The foregoing certifications are made with the knowledge that the New York State Department of Health is relying upon its accuracy and truth in its review and qualification for participation in the Medicaid managed care program, and that should it be determined that this certification is materially false appropriate enforcement action will be taken. Knowingly and willfully making false statements will result in disqualification from participation in the Medicaid Managed Care Program.

Authorized Signature

Date

Printed Name

Title

MEDICAID MANAGED CARE ORGANIZATION DISCLOSURE OF OWNERSHIP AND CONTROL

Name of Entity _____

Note: Respond to these questions on behalf of yourself and any individuals or organizations having a direct or indirect ownership or control interest of 5% or more, and any directors, officers, agents or managing employees of the above named agency, institution or organization.

1. Have you ever been terminated, denied enrollment, suspended, restricted by agreement, or otherwise sanctioned under any of the programs established by Title XVIII (Medicare), XIX (Medicaid) or XX (Social Services) in any State?
☐ Yes ☐ No
2. Have you ever been convicted of stealing, welfare fraud or public assistance fraud as a result of your involvement in any of the programs established by Titles XVIII (Medicare), XIX (Medicaid) or XX (Social Services) in any State?
☐ Yes ☐ No
3. Has your license or registration ever been revoked, suspended, surrendered or, in any way, restricted by probation or agreement by a licensing authority in any State?
☐ Yes ☐ No
4. Are there currently pending any proceedings that could result in any of the above stated sanctions?
☐ Yes ☐ No
5. List names, addresses and Social Security numbers for individuals or the EIN (Employer Identification Number) for organizations having direct or indirect ownership or a controlling interest of 5% or more in the above named agency, institution or organization. If nonprofit or government related, attach list of board of directors, commissioners or other persons in authority. If more than one individual is reported and any of these persons are related to each other, attach a separate sheet listing these individuals and their relationship to each other.

Name	Address	SSN/EIN

6. Type of Entity

☐ Sole Proprietorship
 ☐ Unincorporated Association
 ☐ Partnership
 ☐ Corporation
☐ Governmental
☐ LLC
☐ Other (specify)

6. Are any of the above owner(s) also owner(s) of other Medicare/Medicaid facilities? If "yes", list names and provider ID numbers (Please indicate if Medicare and/or Medicaid). Attach additional sheets if necessary.

☐ Yes ☐ No

Owner's Name	Facility Name	Medicaid and/or Medicare Provider ID #
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8. Has there been a change of ownership or control within the last year?

☐ Yes ☐ No If "yes", give date: _____

9. Do you anticipate a change of ownership within the year?

☐ Yes ☐ No If "yes", when: _____

10. Is this facility operated by a management company, or leased in whole or part by another organization?

☐ Yes ☐ No If "yes" give date of Change of Operations: _____

11. Has there been a change in your lab director or supervising pharmacist within the last year?

☐ Yes ☐ No Not Applicable _____

WHOEVER KNOWINGLY AND WILLFULLY MAKES OR CAUSES TO BE MADE A FALSE STATEMENT OR REPRESENTATION ON THIS STATEMENT MAY BE PROSECUTED UNDER APPLICABLE FEDERAL OR STATE LAWS. IN ADDITION, KNOWINGLY AND WILLFULLY FAILING TO FULLY AND ACCURATELY DISCLOSE THE INFORMATION REQUESTED MAY RESULT IN DENIAL OF A REQUEST TO PARTICIPATE OR WHERE THE ENTITY ALREADY PARTICIPATES, A TERMINATION OF ITS AGREEMENT OR CONTRACT WITH THE STATE AGENCY OR SECRETARY, AS APPROPRIATE.

Name of Authorized representative (typed)

Title

Signature

Date

For State Use Only

☐ New Entity ☐ Ownership Changes

Provider ID Number Assigned _____

Previous Owner's Provider ID Number _____

MCO QUALIFICATION DOCUMENT

NEW YORK CITY ADDENDUM

July 2004

CHAPTER 1: NYC PARTICIPATION STANDARDS

1.1 Contact Person

Questions regarding the NYC Addendum may be addressed to Liane Daniels at New York City Department of Health and Mental Hygiene, Division of Health Care Access and Improvement (“DOHMH”) telephone 212-. 788-5657.

1.2 Contract Administration

Contracts in New York City will be administered by DOHMH. The New York City model contract contains the NYC-specific program requirements. A copy of the current New York City model contract for the Medicaid managed care program (“model contract”) is available upon request from DOHMH.

1.3 Public Health Issues

The current NYC Guidelines for Coordination with Public Health Agencies and the current fee schedule for certain NYC Department of Health and Mental Hygiene services are contained in the model contract, Appendix N.

1.4 Travel Times and Distances

In New York City, the standards and guidelines for travel times and geographic access must take into account existing public transportation systems and routes. While managed care enrollees may elect to travel farther to enroll with a specific primary care provider of their choosing, the City will seek to ensure that all individuals required to enroll in managed care have available to them a choice of three PCPs located within thirty (30) minutes travel time by public transportation. Network submissions by applicants will be reviewed and assessed against these standards.

1.5 Provider Agreements

In addition to a requirement that provider agreements be reviewed and approved by SDOH, agreements between MCO’s in New York City and their participating providers must be consistent with the requirements of the model contract and the Summary of DOHMH Provider Agreement Requirements. Applicants are asked in part B of this Addendum to submit their model primary care, specialist, hospital, transportation, mental health, marketing subcontract agreements and management services organizations; these model agreements must be approved by DOHMH prior to a contract in addition to SDOH approval.

1.6 Marketing Guidelines

The current NYC Marketing Guidelines are contained in the model contract, Appendix D.

1.7 Service Area

Service areas will be designated on a whole-borough basis rather than at a zip code level, and must be approved by both SDOH and DOHMH following a verification of provider agreements, and network review.

1.8 Population Served

DOHMH will require that MCO's qualify for an initial enrollment cap of 10,000 members and, submit a business proposal substantiating its expectation of attaining this enrollment level.

1.9 Readiness to Begin Health Plan Operations

Notwithstanding successful satisfaction of any other criteria, including this NYC Addendum, DOHMH will not contract with a new health plan until it successfully demonstrates an accessible provider network within its service area, and an ability to operate a health plan program which will meet the requirements of the NYC model contract, including but not limited to satisfactory training of member services staff, capability of the MIS system, an ability to communicate electronically with appropriate NYC agencies and/or their agents, an ability to report data on the state's health information network, and an ability to meet SDOH encounter and quality assurance reporting requirements.

CHAPTER 2: PROPOSAL SUBMISSION INSTRUCTIONS

2.1 General

Applicants must submit four copies of the General Technical Proposal and part A of the New York City Proposal Addendum, containing all of the components listed below. Applicants must submit one copy of part B of the New York City Addendum.

The New York City Addendum should be submitted to:

DOHMH
Division of Health Care Access and Improvement
161 William Street , 5th Floor
New York, NY 10038

The components of the New York City Proposal Addendum are as follows:

Part A

- Response to New York City-specific questions.

Part B

- Completed Vendex questionnaires.
- Division of Labor Services Report.
- Model participating provider agreements for primary care providers, specialist, hospital, and mental health providers, and transportation, management service organizations and marketing subcontracts.

2.2 Response to New York City-Specific Questions

In this section, applicants must document their compliance with New York City program participation standards by responding to all of the questions listed below.

In general, it is anticipated that an applicant's answer to a question with respect to its operations will apply to all boroughs that the applicant is proposing to serve. Where this is not the case, the applicant should clearly state how its status or operations vary between boroughs or portions thereof.

Population to be Served

1. Describe the anticipated size of population to be served, including
 - a. enrollment goal by last date of first and second contract years
 - b. elements of the applicant's marketing plan which will enable the applicant to reach its marketing goals, including but not limited to number of marketing representatives.

Public Health Issues and Priorities

The NYC DOHMH "Take Care New York" initiative prioritizes actions to help individuals, health care providers, and New York City as a whole to improve health. The initiative focuses on preventable causes of illness/death and sets an agenda of 10 key areas for intervention that represent health problems that present a large disease burden; have been proven amenable to intervention and public action; and

can be addressed through coordinated action by City agencies, public-private partnerships, health care providers, businesses, and individuals.

The 10 areas of intervention include the following goals:

- a. Decrease the number of persons who smoke and tobacco-related deaths.
 - b. Reduce risk factors for cardiovascular disease.
 - c. Decrease deaths from HIV/AIDS.
 - d. Increase the proportion of adults with depression who receive treatment.
 - e. Decrease drug-related deaths.
 - f. Decrease alcohol abuse.
 - g. Decrease deaths from cancer.
 - h. Increase the number of New Yorkers immunized against influenza each year and decrease deaths from all causes during influenza season for appropriate populations.
 - i. Reduce the number of children with blood lead levels > 15 micrograms/dL and an identified lead-based paint violation.
 - j. Reduce the infant death rate each year.
2. In relation to at least three of the above described TCNY goals, describe how the applicant will:
 - a. educate members regarding prevention and treatment of diseases and conditions included in the TCNY initiative
 - b. identify and provide members with appropriate counseling, screening and other preventive services included in the TCNY initiative, and track service utilization
 - c. educate network providers on recommended clinical guidelines regarding prevention and treatment/management of diseases and conditions included in the TCNY initiative
 - d. develop enrollee based preventive strategies in collaboration with DOHMH and other partners such as community based organizations and health care providers
 3. Identify the person(s) in your organization who will assist providers in disease/condition reporting for mandated diseases to the NYC Department of Health in accordance with public health law and regulations. Describe how the applicant will educate providers about reporting of diseases and conditions specified in the New York City Health Code, including reporting to the Citywide Immunization and Lead Registries, and encourage appropriate provider reporting.
 4. DOHMH has identified, through Community Health Surveys, neighborhoods that have had persistent, across the board problems with community health and demonstrate sharp disparities when compared with other parts of the City in preventable illnesses such as asthma, diabetes, heart disease, lead poisoning, cancer, and HIV. For applicants proposing to provide services in East and Central Harlem, the South Bronx North and Central Brooklyn, describe strategies for community and population based interventions for addressing these health conditions in these neighborhoods and how the effectiveness of these interventions will be measured.

Member Services

5. Describe the applicant's emergency preparedness protocols, including
 - a. ability to communicate electronically with network providers via e-mail and/or facsimile, as well as by telephone, during emergencies;
 - b. ability to communicate with members during emergencies;
 - c. designation of staff members who will serve as liaisons with NYC DOHMH during emergencies, and methods for keeping DOHMH updated on contact information for such liaisons.

Mental Health and Alcohol and Substance Abuse Services/Treatment

6. Describe how the applicant will identify and target those members who may be in need of mental health and alcohol and substance abuse services.
7. Describe the applicant's referral process for individuals seeking mental health and alcohol and substance abuse services on a routine, urgent, and emergent basis. Describe the applicant's triaging mechanism for determining the level of urgency associated with any individual request.
8. Describe credentialing standards for mental health and alcohol and substance abuse treatment providers.
9. Describe any specific quality assurance, management, and monitoring programs aimed at evaluating the outcomes associated with selected therapy regimens and the efficacy of various approaches to treatment.

Provider Agreements

10. Describe the applicant's approach to oversight of subcontract agreements, including, but not limited to agreements for the provision of mental health, marketing and management services. Include in this description how the applicant will assess the quality of subcontractor performance.

2.3 Instructions for Part B Documents

- A) A packet of the following forms necessary to the New York City Addendum will be mailed to you upon request by the Division of Health Care Access and Improvement, 212-788-5657:
- Supply and Service Employment Report
 - ADA Post Award Language
 - Summary of DOHMH Provider Agreement Requirements.

The instructions for Supply and Service Contractor's Employment Report state that reports are due upon acceptance of a proposal. Notwithstanding this instruction, all Employment Reports are due on the proposal due date.

- B) You must also complete New York City Vendex forms and submit these forms directly to:
- Mayor's Office of Contract Services
VENDEX UNIT
253 Broadway, 9th Floor
New York, NY 10007.

Subcontractors whose aggregate business in the City in the preceding 12 months totals \$100,000 or more, or for whom their contract with applicant is valued in excess of \$100,000 must also complete Vendex Questionnaires. Subcontractors who are providers of medical services are exempt from this requirement.

In order to inform DOHMH that the questionnaires were sent to MOCS, the vendor must complete the **Submitted VENDEX memorandum** and return it to:

- Eric Zimiles
DOHMH, Division of Health Care Access and Improvement
225 Broadway, 17th Floor, Room 8
New York, NY 10007

Vendex forms, including *Vendor Questionnaire*, *Principal Questionnaire*, *Certification of No Change*, and the *Submitted Vendex Memorandum*, along with guidelines for completing the forms, are available on the Web at the following address:

<http://www.nyc.gov/vendex>

NYC Appendix 3.1 ADA Accessibility Checklist for Existing Facilities (NYS Office for Persons with Disabilities - OAPD)



New York State

Office of

ADVOCATE FOR PERSONS WITH DISABILITIES

One Empire State Plaza, Suite 1001 Albany, NY 12223-1150

(518) 473-4129

(800) 522-4369 VOICE/TDD

(518) 473-6005 FAX

ADA ACCESSIBILITY CHECKLIST FOR EXISTING FACILITIES

Purpose of Checklist

Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act of 1990 (ADA), which cover state and local government operations, require that the services, programs and activities of covered entities be accessible to people with disabilities in the most integrated setting possible.

When a service, program or activity is conducted in a location that is not physically accessible, the requirement of service and program access may be achieved through barrier reduction or by providing the service, program or activity through alternative means (e.g., home visits, or conducting the service, program or activity at a location that is accessible). The priority however, is always on providing the program or service in the most integrated setting possible; that is, assuring that people with disabilities can access the program or service along with non-disabled co-workers, friends and colleagues.

Title III of the ADA, which applies to places of public accommodation (e.g., stores, offices, motels, etc.), requires, in the first instance, that covered entities make currently inaccessible facilities physically accessible to people with disabilities to the extent that it is readily achievable for them to do so.

New construction and renovations, as well as barrier reduction required to achieve program accessibility, must be undertaken in accordance with established accessibility standards. The Americans with Disabilities Act of 1990 established minimum guidelines that must be followed when undertaking new construction and/or alterations. These guidelines are called the Americans with Disabilities Act Accessibility Guidelines (ADAAG). However, the ADA also requires that where a state or local building code provides for a more stringent standard of accessible design, that standard is to be used.*

The New York State Uniform Fire Prevention and Building Code incorporates, by reference, the standards contained in the 1992 CABO-ANSI (Council of American Building Officials - American National Standards Institute) standards of accessible design (RS72).

These standards, although similar to ADAAG, are not identical, and where the New York State Code is more stringent, those standards apply. Note that local building codes, where applicable, (e.g., New York City Building Code) may also include more stringent requirements which must be followed.

The following accessibility checklist is provided to assist covered entities in locating possible accessibility deficiencies in a facility and is not intended to be a comprehensive list of all accessibility requirements. Remember also that existing facilities are not required to retrofit to achieve compliance with these standards if program accessibility can be achieved through alternate means. Finally, always consult the applicable standard prior to initiating any construction.

References included in the checklist refer to applicable sections in ADAAG unless the New York State Uniform Fire Prevention and Building Code provides a stricter standard.

In situations where the NYS Code provides for a stricter standard they are noted with the symbol **TNY** and the reference is to the CABO-ANSI standard.

For more information in this regard please contact:

NYS Office of Advocate for Persons with Disabilities
One Empire State Plaza, Suite 1001
Albany, NY 12223-1150
518-473-4609
800-522-4369 (voice and TTY)

* N.B.: As of the date of this publication, ADA regulations currently permit government entities to follow the Uniform Federal Accessibility Standards (UFAS) as an alternative to ADAAG. That alternative is expected to be removed in the near future with the promulgation of additional ADAAG Standards for governmental construction.

ADA Accessibility Checklist for Existing Facilities

Date: _____ Surveyor: _____ Building Name: _____	UNY Indicates NYS Uniform Fire Prevention and Building Code standard utilized when more stringent than American with Disabilities Act Accessibility Guidelines (ADAAG).				
Check: _____ # of Spaces _____ # of Accessible Spaces					
Code Citation	Site Component PARKING	YES Compliant	NO	N/A	POSSIBLE ACTION
4.6.5	Does the entrance to the parking area provide vertical clearance of 9 feet 6 inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Remove vertical obstacle. <input type="checkbox"/> Increase height of vertical clearance.
4.1.2(5)	Are there accessible parking spaces reserved? See Table 1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Create accessible spaces.
4.6.2	Are the accessible parking spaces located closest to the accessible route and accessible building entrance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Relocate accessible spaces.
UNY 1101.1(d)4	Does the accessible space measure 96 inches wide with an adjoining access aisle 96 inches wide?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Restructure space and access aisles.
UNY 1101.1(e)2	Is the accessible space identified with a permanently installed sign 5 to 7 feet above grade which includes the international symbol of access?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Install signage.
4.3.7 4.5.1	Do the access aisles have a cross slope less than 1:50, AND HAVE A FIRM, STABLE NON-SLIP SURFACE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Relocate spaces. <input type="checkbox"/> Decrease cross slope. <input type="checkbox"/> ESTABLISH FIRM, STABLE NON-SLIP SURFACE.
4.1.2 (1)	Do the access aisles connect to an accessible pedestrian route with a minimum clear and unobstructed width of 36 inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Establish accessible route connection. <input type="checkbox"/> Remove any obstructions.
4.6.6	Is there a passenger pick up and drop off zone? If so, is at least ONE Passenger LOADING ZONE accessible which measure 20 feet long with a 5 feet wide access aisle parallel to the vehicle pull up space and at the same level as the roadway? ACCESS AISLE IS THE BEGINNING OF THE ACCESSIBLE ROUTE.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Establish accessible Passenger Loading Zone.
4.7	Do curbs on the accessible route have curb cuts or curb ramps at 1:12 slope? NOTE: If a slope of 1:12 is NOT possible, a slope between 1:10 and 1:12 is allowed for a MAX RISE of 6 inches. A slope between 1:8 and 1:10 is ALLOWED for a MAX RISE of 3 inches. A slope STEEPER THAN 1:8 is NOT ALLOWED.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Install curb cuts. <input type="checkbox"/> Build small ramp to curb.
4.7.2	Is curb cut/curb ramp flush with surrounding grade?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Smooth out top and bottom of ramp to curb creating an even surface.
4.7.3	Is the curb cut/ramp 36 inches wide, exclusive of flared sides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Widen curb cut/ramp to a minimum of 36 inches.
New York State Office of Advocate for Persons with Disabilities					

ADA Accessibility Checklist for Existing Facilities

Date: _____ Surveyor: _____ Building Name: _____		UNY Indicates NYS Uniform Fire Prevention and Building Code standard utilized when more stringent than Americans with Disabilities Act Accessibility Guidelines (ADAAG).			
Code Citation	Site Component EXTERIOR ACCESSIBLE ROUTE	YES <small>Compliant</small>	NO	N/A	POSSIBLE ACTION
4.1.2(1)	Are there public transportation stops on site, if so, is an accessible route provided to the building from the stop?	"	"	"	" Provide curb cuts if needed. " Establish accessible route.
4.3.3	Does the accessible route provide for a clean, unobstructed width of at least 36 inches?	"	"	"	" Increase width of route.
4.4	If any object is protruding into the accessible route, can it be detected by a person with a visual disability using a cane? NOTE: An object must be within 27 inches from the ground to be detected by a cane. Objects hanging or mounted overhead must be higher than 80 inches to provide clear head room.	"	"	"	" Remove obstacle. " Move path around obstacle. " Add cane-detectable base that extends to the ground. " Place cane-detectable object under the protruding object.
4.5.1 4.5.2	Is the surface firm, stable, and slip resistant with no cracks or level change beyond ½ inch? NOTE: Level change from ¼ inch to ½ inch need to be beveled at a 1:2 ratio.	"	"	"	" Create firm, stable, slip resistant surface. " Ramp or smooth over level changes.
4.3.7	Are all slopes along the accessible route less than 1:20?	"	"	"	" Decrease slope. " Provide alternate route.
4.3.4	If the entire level of the accessible route is 36 inches wide, is a 60 inches X 60 inches passing space provided every 200 feet?	"	"	"	" Provide passing space. " Widen route to 60 inches.
4.5.4	Are there any grates along the accessible route? If so, the maximum opening is ½ inch perpendicular to direction of travel.	"	"	"	" Replace grate to meet criteria.
4.3.2(3)	Does at least one accessible route connect accessible buildings, accessible elements and spaces located at the same site?	"	"	"	" Establish accessible connecting routes.
New York State Office of Advocate for Persons with Disabilities					

ADA Accessibility Checklist for Existing Facilities

Date: _____ Surveyor: _____ Building Name: _____		UNY Indicates NYS Uniform Fire Prevention and Building Code standard utilized when more stringent than Americans with Disabilities Act Accessibility Guidelines (ADAAG).			
Code Citation	Site Component ENTRANCE/EXTERIOR DOORS	YES Compliant	NO	N/A	POSSIBLE ACTION
4.1.2(1)	If there are stairs at the main entrance, is there also a ramp or lift present? NOTE: If ramp is provided, see Ramp Site Component, page 5.	"	"	"	" Build compliant ramp or lift. " Provide accessible public entrance.
4.1.2(1)	If main entrance is not accessible, is a public entrance to the building accessible?	"	"	"	" Make a public entrance accessible.
4.1.2(7)c	Do all inaccessible entrances provide directional signage to the accessible entrance?	"	"	"	" Provide directional signage.
4.1.2(7)c	Is the international symbol of accessibility provided at the accessible entrance?	"	"	"	" Provide signage.
4.1.7	If alternate public entrance is used, is it kept unlocked, to provide for independent usage?	"	"	"	" Make alternate entrance useable.
4.13.5	Does entrance door have a 32 inch clear opening, minimum?	"	"	"	" Widen door. " Install offset hinge.
4.13.4	If double leaf door is present, at least one door must be 32 inches minimum.	"	"	"	" Provide 32 inch door.
4.13.6	Is there at least 18 inches of clear wall space on the pull side of the door, next to handle? Note: 24 inches clear space is preferred.	"	"	"	" Remove or relocate furnishings, partitions, other obstructions. " Move door. " Add power assisted door opener.
4.13.9	Can door handle be operated with one hand and does not require tight grasping, pinching or twisting of the wrist to operate? Is it located no higher than 48 inches?	"	"	"	" Replace handle with a lever or loop handle. " Lower door handle.
4.13.8	Is the threshold level (less than ¼ inch) or beveled, up to ½ inch?	"	"	"	" Bevel level changes up to ¼ inch to ½ inch.
4.13.11	Can exterior door be opened without much force? NOTE: 8.5 lbs of opening force was once the standard	"	"	"	" Release door pressure to least possible opening force.
<i>New York State Office of Advocate for Persons with Disabilities</i>					

ADA Accessibility Checklist for Existing Facilities

Date: _____ Surveyor: _____ Building Name: _____		UNY Indicates NYS Uniform Fire Prevention and Building Code standard utilized when more stringent than Americans with Disabilities Act Accessibility Guidelines (ADAAG).			
Code Citation	Site Component Entrances/Doors	YES <small>Compliant</small>	NO	N/A	POSSIBLE ACTION
4.13.10 UNY	If the door has a closer, does it take at least 5 seconds to close from door angle of 90° to 12°?	"	"	"	" Readjust door closer.
4.13.14 UNY	Is there a kick plate 12 inches high extending the width of the door, on push side, except for automatic and power doors?	"	"	"	" Install kick plate.
4.5.2	Are door mats less than ½ inch high and secured to the floor at all edges and beveled if ¼ inch to ½ inch?	"	"	"	" Replace door mats. " Secure door mats.
4.13.7	If two hinged or pivoted doors in a series are present, is there a minimum of 48 inches PLUS the width of a door swinging into the space available between doors?	"	"	"	" Remove one set of doors. " Reverse interior door swing if it is not a required exit.
<i>New York State Office of Advocate for Persons with Disabilities</i>					

ADA Accessibility Checklist for Existing Facilities

Date: _____ Surveyor: _____ Building Name: _____	UNY Indicates NYS Uniform Fire Prevention and Building Code standard utilized when more stringent than Americans with Disabilities Act Accessibility Guidelines (ADAAG).
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Note: Any slope greater than 1:20 along an accessible route is considered a ramp. Any change in level greater than 1/2 inch along an accessible route must be ramped. In new construction and alterations the LEAST possible slope shall be used when building a ramp.

Code Citation	Site Component Ramps	YES Compliant	NO	N/A	POSSIBLE ACTION
4.8.5	Do all ramps longer than 6 feet have handrails on both sides?	"	"	"	" Install handrails.
4.8.5	Are the handrails sturdy and between 34 and 38 inches high?	"	"	"	" Readjust handrails.
4.8.3	Is the width between handrails a minimum of 36 inches?	"	"	"	" Increase width.
4.5.1 4.8.8	Is the ramp firm, stable and non-slip and designed to prevent water buildup on the surface?	"	"	"	" Re-establish surface. " Create 1:50 cross slope for water drainage.
4.8.4	Is there a level landing located at the top and bottom of the ramp (width equal to ramp width - length 5 feet)?	"	"	"	" Build landing.
4.8.2	For every 30 inch ramp rise, a level platform equal to the ramp width and 5 foot long must be present.	"	"	"	" Create landing.
4.8.4 (3)	If the ramp changes direction, is there a 5 foot by 5 foot landing provided?	"	"	"	" Create landing 5 foot x 5 foot.
UNY 1101.1 4.8.7	Does ramp or landing have a 4 inch edge protection? Note: Edge protection not needed if ramp and landing are protected with vertical guard rails or extended platform 12 inches beyond both handrails.	"	"	"	" Establish edge protection.
4.8.4(4)	If a ramp leads to a doorway, refer to Fig: B.4.13.6 for landing maneuvering clearance.	"	"	"	" Establish maneuvering clearance.
4.1.6(3)a	Note: Where space limitations prohibit the use of a 1:12 slope, a ramp may have a slope and rise as follows: (1) A slope between 1:10 and 1:12 is allowed for a maximum rise of 6 inches. (2) A slope between 1:8 and 1:10 is allowed for a maximum rise of 3 inches. A slope steeper than 1:8 is NOT allowed.		"	"	"

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ADA Accessibility Checklist for Existing Facilities

Date: _____ Surveyor: _____ Building Name: _____		UNY Indicates NYS Uniform Fire Prevention and Building standard utilized when more stringent than Americans with Disabilities Act Accessibility Guidelines (ADAAG).			
Code Citation	Site Component Interior Accessible Route	YES Compliant	NO	N/A	POSSIBLE ACTION
4.1.3(1)	Does the accessible entrance provide direct access to the main floor, lobby, or elevator?	"	"	"	" Add ramp or lifts. " Make another entrance accessible.
4.1.3(1)	Are all public spaces on an accessible path of travel?	"	"	"	" Provide access to all public spaces along an accessible path of travel.
4.3.3	Is the accessible route at least 36 inches wide?	"	"	"	" Move furnishings such as tables, chairs, display racks, vending machines, and counters to make more room.
4.3.4	Is there a 5-foot circle or a T-shaped space for a person using a wheelchair to reverse direction?	"	"	"	" Rearrange furnishings, displays, and equipment.
4.3.3	Are all aisles and pathways to all goods and services at least 36 inches wide?	"	"	"	" Rearrange furnishings and fixtures to clear aisles.
4.5.3	Is carpeting low-pile, tightly woven, and securely attached along edges?	"	"	"	" Secure edges on all sides. " Replace carpeting.
4.4.1	On accessible routes through public areas, are all obstacles cane-detectable (located within 27 inches of the floor or protruding less than 4 inches from the wall), or are they higher than 80 inches?	"	"	"	" Remove obstacles. " Install furnishings, planters, or other cane-detectable barriers underneath the obstacle.
4.30	Do signs designating permanent rooms and spaces, such as restrooms, meeting rooms and offices, comply with the appropriate requirements for accessible signage?	"	"	"	" Provide signage that has raised letters and numbers, braille and complies with finish and contrast standards, and is mounted at the correct height and location, on wall 60 inches above floor, latch side of door.
UNY 1101.4(I) 4.25	Are all controls that are available for use by the public (including electrical, mechanical, window, cabinet and self-service controls) located at an accessible height? NOTE: Reach ranges: The maximum height for a side reach is 54 inches; for a forward reach, 48 inches. The minimum reachable height is 15 inches. Can they be operated with one hand and does not require tight grasping, pinching and twisting of the wrist?	"	"	"	" Relocate controls. " Replace controls.
UNY 1101.6(b)	Are Assistive Listening Devices available in meeting rooms, auditoriums and similar occupancies with a seating capacity of 50 or more people?	"	"	"	" Purchase Assistive Listening System. " Relocate meeting to an area with an Assistive Listening System.
UNY 1101.6(b)	Is the number of receivers/transmitters equal to 9 percent of the seating capacity? Note: Assistive Listening Devices are required when reception of audio information by the audience is essential.	"	"	"	" Purchase additional receivers/ transmitters.

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Date: _____ Surveyor: _____ Building Name: _____		U NY Indicates NYS Uniform Fire Prevention and Building standard utilized when more stringent than Americans with Disabilities Act Accessibility Guidelines (ADAAG).			
Code Citation	Site Component BATHROOMS - SINKS	YES <small>Compliant</small>	NO	N/A	POSSIBLE ACTION
U NY 1101.4 4.17 4.18	Are toileting facilities available to the public? (If yes, refer to Fig:B 4.17.2 through 4.20.3.2)	"	"	"	"

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ADA Accessibility Checklist for Existing Facilities

Date: _____ Surveyor: _____ Building Name: _____	U NY Indicates NYS Uniform Fire Prevention and Building Code standard utilized when more stringent than Americans with Disabilities Act Accessibility Guidelines (ADAAG).				
Note: For number of accessible telephones and when TDDs are required, refer to ADAAG Citation 4.1.3(17).					
Code Citation	Site Component Telephones (ADAAG 4.30, 4.31)	YES Compliant	NO	N/A	POSSIBLE ACTION
4.31.2	If pay or public phones are provided, is there clear floor space of at least 30 by 48 inches in front of at least one?	"	"	"	" Move furnishings. " Replace booth with open station.
4.31.3	Is the highest operable part of the phone no higher than 48 inches (up to 54 inches if a side approach is possible)?	"	"	"	" Lower telephone.
4.31.4 4.4	Does the phone protrude no more than 4 inches into the circulation space?	"	"	"	" Place a cane-detectable barrier on each side at floor level.
4.31.6	Does the phone have push-button controls?	"	"	"	" Contact phone company to install push-buttons.
4.31.5	Is the phone hearing aide compatible?	"	"	"	" Contact phone company to add an induction coil (T-switch).
4.31.5	Is the phone adapted with volume control?	"	"	"	" Contact the phone company to add volume control.
4.30.7(2)	Is the phone with volume control identified with appropriate signage?	"	"	"	" Add signage.
4.31.9 4.1	Is one of the phones equipped with a text telephone (TT or TDD)?	"	"	"	" Install a text telephone. " Have a portable text telephone available.
4.30.7(3)	Is the location of the text telephone identified by accessible signage bearing the International TDD symbol?	"	"	"	" Add signage.
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Date: _____ Surveyor: _____ Building Name: _____		U NY Indicates NYS Uniform Fire Prevention and Building Code standard utilized when more stringent than Americans with Disabilities Act Accessibility Guidelines (ADAAG).			
Code Citation	Site Component Elevators	YES <small>Compliant</small>	NO	N/A	POSSIBLE ACTION
4.10	Are there both visible and verbal or audible door opening/closing and floor indicators (one tone=up, two tones=down)?	"	"	"	" Install visible and verbal and audible signs?
4.10.3	Are the call buttons in the hallway no higher than 42 inches? Are buttons raised or flush?	"	"	"	" Lower call buttons. " Provide a permanently attached reach stick.
4.10.12	Do the controls inside the cab have raised and braille lettering?	"	"	"	" Install raised lettering and braille next to buttons.
4.10.5	Is there a sign on the jamb at each floor identifying the floor in raised and braille letters?	"	"	"	" Install tactile signs to identify floor numbers, at a height of 60 inches from the floor.
4.10.14	Is the emergency intercom usable without voice communication?	"	"	"	" Replace communication system.
4.10.14	Is communication system identified by raised symbol and lettering?	"	"	"	" Add raised symbol and lettering.
Code Citation	Site Component Lifts	YES <small>Compliant</small>	NO	N/A	POSSIBLE ACTION
4.11	Can the lift be used without assistance?	"	"	"	" At each stopping level, post clear instructions for use of the lift.
4.5	Is there at least 30 by 48 inches of clear space for a person using a wheelchair to approach to reach the controls and use the lift?	"	"	"	" Rearrange furnishings and equipment to clear more space.
4.2.5 4.2.6	Are controls between 15 and 48 inches high (up to 54 inches if a side approach is possible)?	"	"	"	" Move controls.
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ADA Accessibility Checklist for Existing Facilities

Date: _____ Surveyor: _____ Building Name: _____		U NY Indicates NYS Uniform Fire Prevention and Building Code standard utilized when more stringent than Americans with Disabilities Act Accessibility Guidelines (ADAAG).			
Code Citation	Site Component Emergency Egress	YES <small>Compliant</small>	NO	N/A	POSSIBLE ACTION
4.28	Do all alarms have both flashing lights and audible signals?	"	"	"	" Install visible and audible alarms.
4.28.1	At minimum, are visual signal appliances provided in buildings and facilities in each of the following areas: restrooms and any other general usage areas (e.g., meeting rooms), hallways, lobbies, and any other area for common use?	"	"	"	" Provide visual appliances at the locations.
Code Citation	Site Component Stairs	YES <small>Compliant</small>	NO	N/A	POSSIBLE ACTION
4.9	Do treads have a non-slip surface?	"	"	"	" Add non-slip surface to treads.
4.9.4(1)	Do stairs have continuous rails on both sides, with 12 inch extensions beyond the top and bottom stairs?	"	"	"	" Add or replace handrails.

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ADA Accessibility Checklist for Existing Facilities

Date: _____ Surveyor: _____ Building Name: _____	UNY Indicates NYS Uniform Fire Prevention and Building Code standard utilized when more stringent than American with Disabilities Act Accessibility Guidelines (ADAAG).
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Note: Cup dispensers at a height of 48 inches may be installed in lieu of replacing water fountain.

Code Citation	Site Component DRINKING FOUNTAIN	YES Compliant	NO	N/A	POSSIBLE ACTION
4.15.2	If drinking fountains are available for public use, is the spout no higher than 36 inches?	"	"	"	" Install new drinking fountain. " Install cup dispenser next to fountain, 48 inches high.
4.15.3	Is the spout located toward the front of the unit?	"	"	"	" Install cup dispenser.
4.15.3	Does the water flow run parallel to the front of the unit or within 3 inches of the front edge?	"	"	"	" Readjust water flow.
4.15.3	Is the water flow height at least 4 inches?	"	"	"	" Readjust water flow.
4.15.4	Are the controls front-mounted or side-mounted, near the front edge?	"	"	"	" Relocate controls. " Buy new fountain.
4.15.5	Is there clear floor space of 48 inches wide and 30 inches deep (measured from front edge of fountain)?	"	"	"	" Create space.
4.15.5	Is there clear knee space of at least 27 inches, measured from the bottom of the apron to the floor (wall mount-cantilevered units)?	"	"	"	" Provide knee space.
4.15.5	If fountain is located in an alcove, is there a minimum of 30 inches clear width (wall mount-cantilevered units)?	"	"	"	" Increase width. " Relocate fountain.
4.15.5	Is the fountain from 17 to 19 inches deep (wall mount-cantilevered units)?	"	"	"	" Increase depth.
4.15.5	Is there clear toe space of at least 9 inches, measured from bottom of fountain to floor (wall mount-cantilevered units)?	"	"	"	" Provided 9 inch toe space.

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UNY
1101.1(3)

Table I -1101
Required Number of Accessible Parking Spaces

Total Parking Spaces in Lot or Garage	Required Number ^{1,2,3} of Accessible Parking Spaces
1 to 25	1
26 to 50	2
51 to 75	3
76 to 100	4
101 to 150	5
151 to 200	6
201 to 300	7
301 to 400	8
401 to 500	9
501 to 1,000	2 percent of total
over 1,000	20 plus 1 for each 100 over 1,000
<p>1. For a shopping center or facility having at least five separate retail stores and at least 20 but not more than 500 public off-street parking spaces, a minimum of 5 percent of the total number of parking spaces of 10 spaces, whichever is less.</p> <p>2. For an outpatient medical unit or facility, a minimum of 10 percent of the total number of parking spaces serving each such unit or facility.</p> <p>3. For a facility which specializes in treatment or services for persons with mobility impairments, a minimum of 20 percent of the total number of parking spaces.</p>	

NYC Appendix 3.2 NYC Addendum to OAPD ADA Accessibility Checklist

NEW YORK CITY ADDENDUM TO OAPD ADA ACCESSIBILITY CHECK LIST

The City of New York has prepared this Addendum to focus on additional ADAAG provisions which are pertinent to the design of medical facilities as well as to note modifications of the State summary of ADAAG that are necessary to make that summary consistent with provisions of New York City's Building Code. The ADA provides that equivalent or more stringent provisions of state and local law are to be enforced.

The highest transferring height contemplated anywhere in the standard is 19 inches above the floor and the lowest is 17 inches. That provides guidance for transfers to and from examining tables and chairs.

Scoping guidelines included in this checklist are only for purposes of characterizing a provider facility as accessible to people with disabilities for purposes of this program. Any renovation work undertaken in New York City, regardless of whether a provider is characterized as accessible for purposes of the program, must be done in accordance with the accessibility provisions of the City's Building Code, including Local Law 58 of 1987 (LL58/87), and of the Americans with Disabilities Act Accessibility Guidelines (ADAAG).

See the following pages for additions and modifications.

Make the Following Additions to the State's Checklist:

<u>Code Citation</u>	<u>Site Component</u>	<u>Possible Action</u>
	INTERIOR ACCESSIBLE ROUTE	
4.13.11(2)	Can interior doors be opened with no greater than a 5lbf?	Release door pressure to least possible opening force, add power assist or auto. door opener.
4.32.4, 7.2	Is at least one of each type of counter for check-in, prescription filling, appointment setting, etc., no higher than 36 in.?	Lower Counter
4.32	Are there accessible seating spaces in the waiting area?	Remove and/or replace some seating.
4.35, 3.1.3 4.1.3	Is at least one dressing room accessible for each type of use?	Combine two rooms into one.
Refer to interior accessible route site components	Is at least one of each type of testing/treatment room accessible? (If the number of rooms of any one type exceeds 10, then at least 2 should be accessible.)	Make testing/treatment room(s) accessible.
Refer to interior accessible route site components	Is at least one consultation room of each type accessible? (If the number of any one type exceeds 10, then at least 2 should be accessible.)	Make consultation room(s) accessible.
9.2 similar	Is at least one of all types of recovery rooms/beds accessible? (If the number of any one type exceeds 10, then at least 2 rooms/beds should be accessible.)	Move furniture; enlarge doors-, move partitions.

<u>Code Citation</u>	<u>Site Component</u>	<u>Possible Action</u>
	INTERIOR ACCESSIBLE ROUTE (cont'd)	
	Are all types of medical testing equipment adjustable so as to be accessible and are they located within accessible spaces?	Purchase new equipment- move equipment.
4.16.3 similar	Can examining tables and chairs heights in accessible treatment rooms be adjustable or be fixed at 17 to 19 inches high?	Replace equipment.
4.20.2 figure 33 similar	Is there clear floor space parallel and adjacent to examining chair/table of at least 30 by 48 inches?	Remove other equipment or furnishings; relocate chair/table; enlarge room.
9.2.2(l) similar	Does the interior accessible route extend from the door to the turning space and to the clear floor space?	Remove other equip. or furniture; relocate chair or table; replace w/360° swivel; enlarge room.
	BATHROOMS	
4.16 4.19 4.22 4.26	When single-user toilet rooms are accessed from within a treatment/testing/recovery room, is at least one of all such toilet rooms accessible? Is it located in the accessible treatment/testing/recovery rms.?	Make toilet room(s) accessible and/or add accessible toilet room(s) to accessible treatment/testing/recovery room(s).
4.16 through 4.19 4.22	Is at least one of all other types of toilet facilities available to the public accessible? (If the number of any one type exceeds 10, then at least 2 should be accessible.)	Make existing toilet rooms accessible; if not possible, create new single-user unisex toilet rm.

<u>Code Cit</u>	<u>Site Component</u>	<u>Possible Action</u>
	BATHROOMS (contd.)	
4.23	Is at least one bathroom/shower room associated with each type of exam/procedure accessible? (If the number of any one type exceeds 10, then at least 2 should be accessible.)	Make bathrooms/shower rooms accessible.
	ELEVATORS	
4.1.6(3)(c)	Are elevator cabs at least 48 by 48 in.? If not, can usability be demonstrated?	
4.10.9	Do elevator doors provide a clear opening at least 36" wide?	Widen elevator doors.
4.10.12	Are car controls 36 in. to 54 in. high?	Lower car control panel.
	RAMPS	
NYC RS 4-6, 4.8.7 and Fig. 17; TPPN #1/95*	Platform extensions where ramps and descending steps share a top landing, are only permitted to serve as edge protection for ramp landings if a waiver is granted for certain NYC Building Code provisions. See Department of Buildings Technical Policy and Procedure Notice 91/95, issued March 10, 1995, "Minor Alteration in Reference to Certain LL58/87 and ADA Compliance". Waivers are not available in new construction- Building Code Sec. 27-292.6.	Eliminate steps; seek a waiver to extend top landing or to provide other edge protection.

* Reference is to the pertinent Reference Standard (RS 4-6) of the NYC Building Code, as well as to Technical Policy and Procedure Notice (TPPN #1/95) of the New York City Department of Buildings.

Make The Following Modifications to the State's Checklist:

Modifications are noted in **bold** and are underscored; delete material in brackets [].

<u>Code Citation</u>	<u>Site Component</u>	<u>Possible Action</u>
	EXTERIOR ACCESSIBLE ROUTE	
4.1.2(l)	No change	Provide curb cuts if needed <u>on site and at corners.</u>
	RAMPS	
4.8.5	Are the handrails sturdy and [between 34 and 38] <u>34 inches high?</u>	No change
	ENTRANCE/EXTERIOR DOOR	
4.13.6	For a straight on approach is there at least 18 inches of clear wall space on the pull side of the door next to handle <u>for 5'-0" back.</u> Note: 24 inches clear space is preferred.	<u>Remove door if possible.</u> Remove or relocate furnishings, partitions, other obstructions. Move door. Add power assisted door opener <u>or automatic door opener.</u>
4.13.8	No change	Bevel level changes up to 1/4 inch to 1/2 inch, <u>or eliminate saddle.</u>
4.13.11 of NYC RS4-6	Can exterior door be opened with[out much] <u>no greater than 8.5 lbs. of opening force?</u>	Release door pressure to least possible opening force. <u>Add automatic or power assisted door opener.</u>
	STAIRS	
4.27.4 of NYC Building Code RS4-6	<u>Do top landings at open stairs have detectable warnings?</u>	<u>Add detectable warning</u>